

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1950

State File No. 7277
Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 4482		Registrar's No. 13	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Scotland		b. CITY (If outside corporate limits, write RURAL and give township) MEMPHIS		a. STATE Mo		b. COUNTY Scotland	
c. LENGTH OF STAY (in this place) 20 YRS		c. CITY (If outside corporate limits, write RURAL and give township) MEMPHIS		d. STREET ADDRESS		D	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle)		c. (Last) BISH	
4. DATE OF DEATH FEB 5 1950		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	
8. DATE OF BIRTH MCH. 6, 1864		9. AGE (In years, birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		11. BIRTHPLACE (State or foreign country) Scotland Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME ROBERT COLVIN		13b. MOTHER'S MAIDEN NAME ELIZABETH KIGHT		14. NAME OF HUSBAND OR WIFE HENRY BISH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Taught		ADDRESS MEMPHIS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Adenocarcinoma of Rectum			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				154X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 5, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE H.M. Keethley (Degree or title)				23b. ADDRESS Memphis, Mo.		23c. DATE SIGNED 2-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-7-1950		24c. NAME OF CEMETERY OR CREMATORY RICHLAND		24d. LOCATION (City, town, or county) (State) Scotland Co. Mo	
DATE REC'D BY LOCAL REG. 2/16/50		REGISTRAR'S SIGNATURE G.M. Baker 407		25. JOURNAL DIRECTOR'S SIGNATURE ADDRESS			

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FEB 23 1950

District Health Officer No. 1

District File Number 2-20-3

Date Filed FEB 23 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.